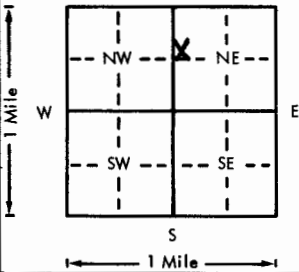


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well:	County Sumner	Fraction SW 1/4 NW 1/4 NE 1/4	Section number 15	Township number T 30 S R 2	Range number EW
2. Distance and direction from nearest town or city: from Mulvane, SE on K15 2.8 mi. W., .20 Mi S., Street address of well location if in city: .2 across pasture			3. Owner of well: Merle Richardson R.R. or street: 523 S. Central City, state, zip code: Mulvane, Ks.		
4. Locate with "X" in section below: Sketch map: N  W E S 1 Mile			6. Bore hole dia. 10 in. Completion date 8/78 Well depth 55 ft.		
5. Type and color of material			7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material RMP Height: Above or below plued Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 6 in. to 55 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 200		
			10. Screen: Manufacturer's name _____ Sunflower Type RMP Dia. 6" Slot/gauze _____ Length _____ Set between 55 ft. and 35 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4-1/2		
			11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date 8/6/78		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 12+ g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 10 ft. to 0 ft.		
			16. Nearest source of possible contamination: Open ft. _____ Direction _____ Type field Well disinfected upon completion? _____ Yes <input type="checkbox"/> No <input type="checkbox"/>		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
			(Use a second sheet if needed)		
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					
		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Fudge Drilling 279 Business name License No. Address RR 3, Box 192D Signed Merle R. Fudge Date 11/9/80 Authorized representative			

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5